

Original articles

Physiotherapy, speech, language and hearing sciences and occupational therapy - interdisciplinary practice in disorders of human communication

Fisioterapia, fonoaudiologia e terapia ocupacional – prática interdisciplinar nos distúrbios da comunicação humana

Juliana Prestes Ferigollo⁽¹⁾

Themis Maria Kessler⁽¹⁾

⁽¹⁾ Universidade Federal de Santa Maria (UFSM); Santa Maria/RS, Brasil.

Conflict of interest: non-existent

ABSTRACT

Purpose: to identify, in the perception of physical therapists, speech therapists and occupational therapists of southern Brazil, how the theme of interdisciplinarity in health and Human Communication Disorders is developed.

Methods: cross-sectional study of the qualitative and quantitative, exploratory and descriptive approach. Data collection was through self-administered questionnaires specific to each professional area. Data analysis used the descriptive analysis of the variables, Pearson's chi-square test and content analysis

Results: they showed that study participants recognize the importance of interdisciplinarity in the area, but not all perform interdisciplinary actions in their daily work. This is due to the lack of professionals in the workplace, but also owing to the lack of knowledge on the duties of some professions. Regarding the importance of interdisciplinarity in the care of human communication disorders, it was observed that professionals recognize that subjects attended both by physical therapy, speech therapy and by the occupational therapy require a comprehensive view and not just the attention on their illness.

Conclusion: physiotherapists, speech therapists and occupational therapists are informed about the importance of interdisciplinarity in the care of disorders of human communication disorders, but the interdisciplinary practices are still not recurrent in the workplace.

Keywords: Physiotherapy (Specialty); Speech, Language and Hearing Sciences; Occupational Therapy; Communication Disorders; Interprofessional Relations

RESUMO

Objetivo: identificar, na percepção de fisioterapeutas, fonoaudiólogos e terapeutas ocupacionais da região sul do Brasil, como se desenvolve o tema da interdisciplinaridade na saúde e nos Distúrbios da Comunicação Humana.

Métodos: estudo transversal de abordagem quali-quantitativa, de investigação exploratório-descritiva. A coleta dos dados se deu por meio de questionários autoaplicáveis específicos para cada área profissional. Para análise dos dados utilizou-se a análise descritiva das variáveis, o Teste do qui-quadrado de Pearson e a análise de conteúdo.

Resultados: mostraram que os participantes do estudo reconhecem a importância da interdisciplinaridade na área, porém nem todos realizam ações de caráter interdisciplinar no seu cotidiano de trabalho. Isso acontece pela falta de profissionais da área nos locais de trabalho, mas também pelo desconhecimento sobre as atribuições de algumas profissões. Em relação à importância da interdisciplinaridade no cuidado aos Distúrbios da Comunicação Humana observou-se que os profissionais reconhecem que os sujeitos atendidos tanto pela Fisioterapia, pela Fonoaudiologia e pela Terapia Ocupacional necessitam de uma visão integral e não apenas do olhar sobre sua doença.

Conclusão: fisioterapeutas, fonoaudiólogos e terapeutas ocupacionais são esclarecidos sobre a importância da interdisciplinaridade nos cuidados aos Distúrbios da Comunicação humana, porém as práticas interdisciplinares ainda não são recorrentes nos locais de trabalho.

Descritores: Fisioterapia (Especialidade); Fonoaudiologia; Terapia Ocupacional; Transtornos da Comunicação; Relações Interprofissionais

Received on: October 04, 2016
Accepted on: February 22, 2017

Mailing address:

Juliana Prestes Ferigollo
Rua Modesta Brondani Quatrin, 948,
Faxinal do Soturno, RS
CEP: 97220-000
E-mail: juliana.ferigollo@gmail.com

INTRODUCTION

Health is constituted in the way of living of each one presenting differences that will depend on the social, cultural, familiar marks, beliefs and political experiences, taking into account the social, biological and ethical-political dimensions of life¹.

Aiming to contemplate all the dimensions of life and not just taking into account the disabilities and the diseases, is that it raises the need of constituting health teams dedicated to the care in the area. Having in mind this context, it is necessary the attention of professionals that dedicate themselves to rehabilitation, as physiotherapists, speech therapists and occupational therapists so that is provided an increase in the quality of life, as well as the whole development and the social insertion of these subjects. As we observe a specialty cannot care about all the spheres of life separately needing the attention of more than one professional to guarantee the whole care of people affected by disabilities. Thus, we see the importance of constituting interdisciplinary teams that have as objective to provide a whole care to the subjects in need, taking into account the biopsychosocial aspects of these ones. The integrality, in turn, covers actions of promotion, prevention, recovery and rehabilitation, besides proposing the articulation of all levels of assistance and to deny the fragmentation of care in health proposing interdisciplinary actions to avoid this fragmentation^{2,3}.

With the intervention of teams constituted by more than one specialty, it becomes more accessible the care guided by the promotion, prevention and recovery that take into account all the aspects of the subject and not just the disease.

The interdisciplinarity begins to be researched in Brazil with Hilton Japiassu, by the middle of 1960⁴. He brought that interdisciplinarity in the country was just a fashion fad, fact that did not happen in the same way outside Brazil. European countries and the United States of America lived, at that time, an intensification of the search for the interdisciplinary methodology caused, according to Japiassu, by the fragmentation of knowledge caused by the increase of specializations⁵.

Japiassu⁵ says that interdisciplinarity has to be object of reflection from the moment in which is noticed a fragmentation of the subjects and of knowledge. For him, the interdisciplinarity is a “new conception of the share of knowledge into subjects and of their inter-relations⁵ (p. 42)”.

We cannot confuse the interdisciplinary practice with other practices that involve more than one subject,

as the multi-disciplinarity, the pluridisciplinarity and the transdisciplinarity. Multi-disciplinarity is a reunion of subjects surrounding a common aspect, but without articulation among them⁶; Pluridisciplinarity is a complementary relation among similar subjects⁷; and the transdisciplinarity, which is closer to the interdisciplinarity, is conceptualized as an inter-relation among the subjects that can trespass the particularities of each one and constitute a “theoretical and methodological autonomy before the subjects that originated it”⁸ (p.60).

The emphasis in the interdisciplinary care appears in the health area in the moment in which the biomedical model turns itself insufficient to respond to the necessities that come from population which can be related to social and economical factors^{9,10}. It is perceived the necessity of deconstructing the practice based on the everyday and on the tasks of the formations and to propose conversations among the subjects that come to be concrete in the practice and not just in the acquisition of knowledge⁴.

The legislation of the Brazil’s Unified Public Health System (SUS) also ends up fostering the interdisciplinarity in the practice in health by presenting in its dispositions aspects that asks for interdisciplinary care in the area. The integrality of assistance is one of the principles brought by the Law 8.080 of September 19th, 1990, and that shows the necessity of interdisciplinarity from the moment that it is conceptualized as an “articulated and continuous set of preventive and curative actions and services, individual and collective, required for each case in all the levels of complexity of the system”¹¹ (p. 03). We perceive with this concept that the integrality implies a set of actions and services that goes through the care in health in all the levels of complexity, from promotion to rehabilitation and the cure with specifications that to be guaranteed will need more than one active professional.

We can still highlight the decree number 2.488 of October 21st, 2011, which approves the “National Policies of Basic Assistance, establishing the review of guidelines and rules for the organization of Basic Attention, for the Strategy of Family Health (ESF) and the Program of Health Communitarian Agents (PACS) (p.01)”, where it is highlighted the necessity of a work performed in team and that allows the full care of the users of the system. Besides that, the decree brings that the actions should be shared through an interdisciplinary process in which it can be performed a team work and in which the professional nucleus can integrate technical areas and different formations to

enrich the common field and, thus, expand the capacity of care¹². Therefore, from the principles and guidelines of legislation of SUS and the decadence of the biomedical model we perceive the necessity of sensitizing the health professionals to an interdisciplinary look that guarantee the integrality of care in the area. The interdisciplinarity comes, thus, as a way to better comprehend the complexity of the human being and to have an articulated view of him with his natural means, so that it is possible to construct and transform this means^{4,9}.

The interdisciplinarity sees itself as fundamental also in the area of Disorders of Human Communication, because, as we know, the communication is fundamental for the life in society, as well as to the establishment of individual relations. It is through it that we share messages, ideas, feelings and emotions that can influence in the relation with other people who will take into account the beliefs, values, history of life and culture¹³.

Gatto and collaborators¹⁴, consider that the language plays a role that is exceptional in organization, reception and structure of information, besides influencing in the learning the social interaction. The communication presents characteristics that develop themselves throughout life and the domain of its abilities and expressions, whether they are verbal or non verbal, influence directly in the relation with the means in which we are inserted¹⁵.

When there is a disorder in communication, that is, for example, in voice, in speech, in reading or in writing, it will be related to the sociocultural and demographic aspects whereas these should be taken into account in the moment of diagnosis and in the collection of information with regard to the attended subject¹⁵. The Disorders of Human Communication are reference of the study field of Speech Therapy, however taking into account the coverage of life of the subjects attended and the necessity of full care, other professionals, as physiotherapists and occupational therapists will be able to contribute to guarantee the effectiveness of habilitation or rehabilitation of these subjects. Thus, we comprehend the necessity of the professional from these areas to know each other and recognize the importance of an interdisciplinary work in rehabilitation that guarantees the integrality in the care of the attended subjects.

Because of these meanings, this study seeks to analyze the knowledge of speech therapists, physiotherapists and occupational therapists about the

interdisciplinarity in the health care and about the attributions among them. Besides them, it seeks to discuss how the interdisciplinarity happens in the professional practice among these professionals and how they recognize the importance of this practice in the care of the Disorders of Human Communication.

METHODS

This study is of a qualitative and quantitative approach, having in mind the chosen instruments to collection and analysis of data which were of exploratory-descriptive investigation. Physiotherapists, speech therapists and occupational therapists were included in the study, from the South region of Brazil that had registration in the respective professional councils, and the ones that did not belong to this region or that did not had registration in the professional Council were excluded. 142 physiotherapists, 59 speech therapists and 60 occupational therapists participated in the study, from the South region of Brazil (Rio Grande do Sul, Santa Catarina and Paraná), properly registered in the regulatory councils of each profession. The project of research was approved by the Committee of Ethics and Research (CEP) from Universidade Federal de Santa Maria (UFSM) under the approval number 1.040.223 and all the participants agreed with the TCLE (Consent form).

Data collection

The data collection was through questionnaires self-applicable available online in the tool Google Docs Offline®, in the period from May to October, 2015. A questionnaire was available to physiotherapists (17 questions), another to speech therapists (17 questions) and another to occupational therapists (17 questions), having questions referring to the Institution of work; professional action and the practice with other specialties; characterization of the studied specialties; characterization of interdisciplinary work; preparation to perform referral to other specialties and about the contribution of interdisciplinarity in the Disorders of Human Communication. To invite subjects to participate of the research it was established contact with the specific professional councils of each profession and of researched South region (CREFITOs e CREFONOs) requesting that these could send the questionnaires to the professionals with registration.

Data analysis

The quantitative data were analyzed using the program *Statistica 9.1*. through the descriptive analysis of the data with average and standard deviation and applying the test of association Pearson chi-squared, to evaluate the significance of data and the performed crossing ("p" value considered ≤ 0.05). The qualitative data were analyzed through the content analysis¹⁶.

RESULTS

The research had the participation of 142 physiotherapists of a total of 380 in the South region of Brazil, 59 speech therapists of a total of 360 in the region South of Brazil and 60 occupational therapists of a total of 317 in the South region Brazil.

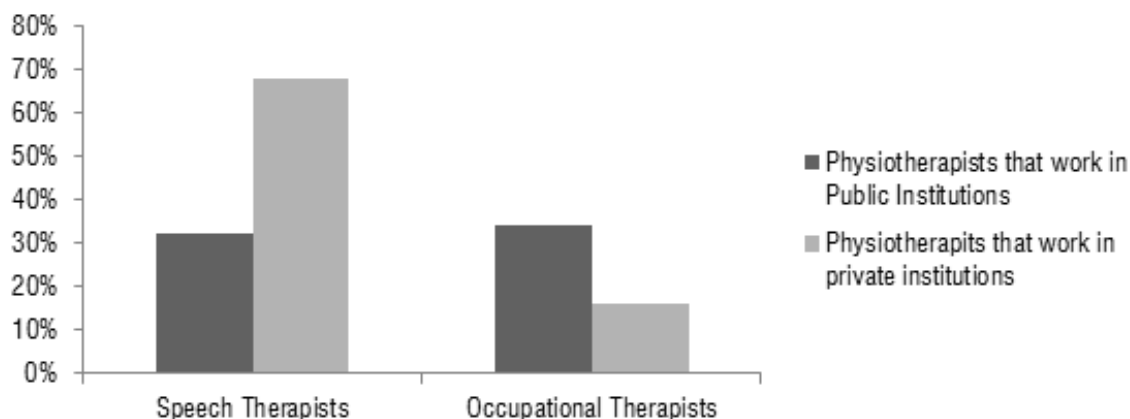
Table 1. Characterization of the sample in relation to formation, age and sex

FORMATION	AVERAGE OF AGE	SEX
Physiotherapy	32 years old (minimum = 22 years old and maximum = 57 years old)	Feminine – 74.64% Masculine – 19.01%
Speech, Language and Hearing Sciences	34 years old (minimum = 22 years old and maximum = 57 years old)	Feminine – 88% Masculine – 6.77%
Occupational Therapy	35 years old (minimum = 23 years old and maximum = 59 years old)	Feminino – 88.33% Masculine – 5%

Source: table elaborated by the author

From the physiotherapists participants in the research, 76% do not act with occupational therapists. From the ones that act in public institution only 34% have contact with this professional and from the ones

that act in private institution only 16.05%, presenting significance the type of institution where they act and the relation of physiotherapists with occupational therapists ($p = 0.014$).



Source – Graph elaborated by the author.

Figure 1. Relative distribution of speech therapists and occupational therapists that act with physiotherapists in public or private institutions

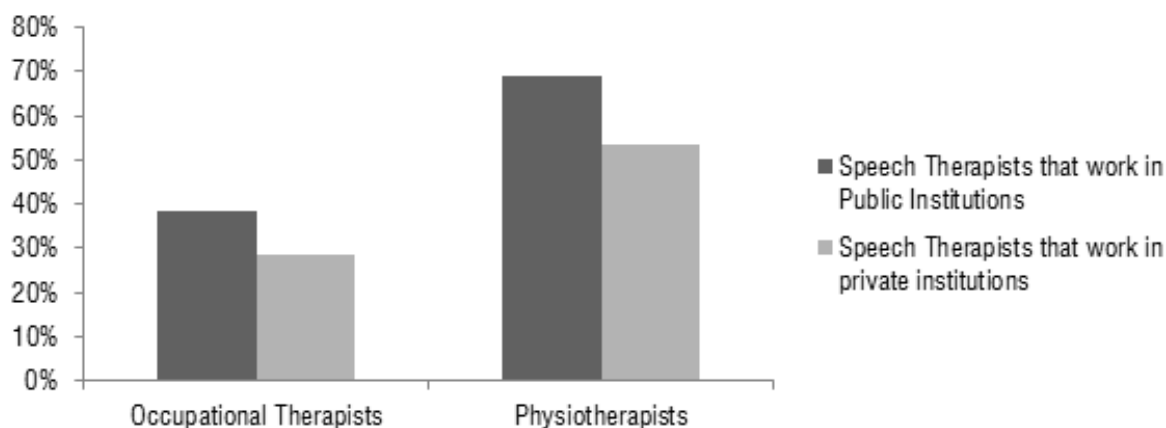
In relation to the physiotherapists participants with speech therapists 56% do not act professionally with this class. From the physiotherapists that work in private institution 68% answered that they have contact with speech therapists at work, different from the ones

that act in public institution where only 32.10% have this contact. This also shows a significant association between the type of institution where they work and the professional contact between physiotherapists and speech therapists ($p = 0.00006$) (Figure 1).

When the physiotherapists were questioned about the preparation to identify when there is necessity of care of other specialty and about the preparation to perform the referrals, 76.67% of the physiotherapists that act with occupational therapists said that they feel prepared to perform the identification and the referral, different from the ones that do not act, from these ones, only 57.41% feel prepared, presenting statistical significance ($p = 0.00096$). In relation to the speech therapists, 81.67% of the physiotherapists that act with this professional said that they feel prepared to identify and perform referrals to him, and 73.75% of the ones

that do not work with speech therapists said also to feel prepared ($p = 0.0879$).

The results of the questionnaires answered by speech therapists showed that only 30.5% of them act with occupational therapists and 59% with physiotherapists. Among the speech therapists researched 61.54% of the ones that work in public institution and 71.43% of the ones that work in private institution do not have contact with occupational therapists ($p = 0.44$). In return, 69.23% of the ones that work in public institutions and 53.57% of the ones that work in private institutions have contact with physiotherapists ($p = 0.238$).



Source – Graph elaborated by the author.

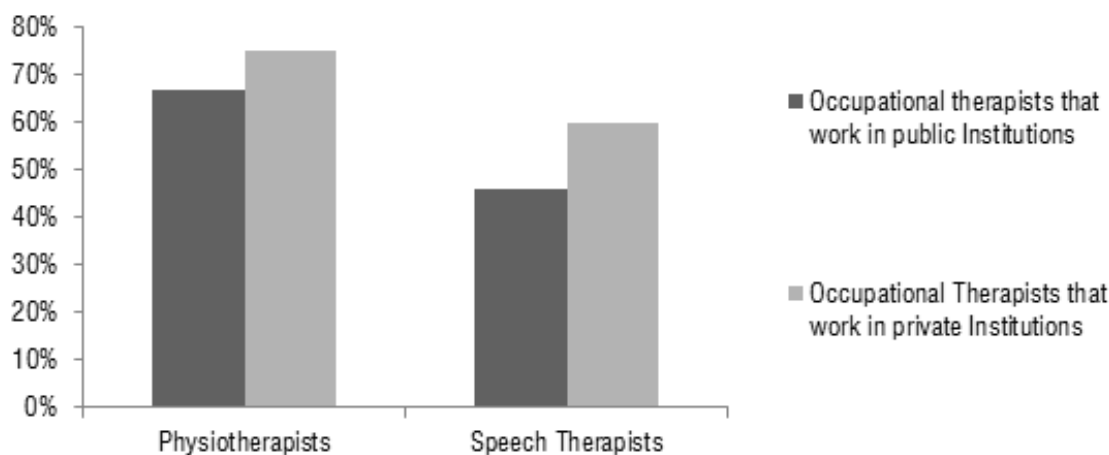
Figure 2. Relative distribution of physiotherapists and occupational therapists that act with speech therapists in public or private institutions

When the speech therapists were questioned about the preparation for identifying when there is necessity of care of other specialty 72.22% of the ones that act with occupational therapists feel prepared to make referral and 45.95% of the ones that do not act ($p = 0.0663$). In relation with the physiotherapists, 97.14% of the speech therapists that act with this professional and 76.19% of the ones that do not act feel prepared to identify the necessity and perform the referral for the professional, showing significant association in this aspect ($p = 0.0141$).

In relation to the occupational therapists participants, 50% of them act with speech therapists and 68.33% act with physiotherapists. From the occupational therapists 66.67% of the ones that act in public institutions have contact with physiotherapists and 75% of the ones that work in private institutions too ($p =$

0.805). In relation to the speech therapists, 53.86% of the occupational therapists that work in public institutions do not have contact with this professional different from the ones that act in private institutions where 60% act together with this professional ($p = 0.602$).

When the occupational therapists were questioned about the preparation to identify and make the referral of patients to other professional of rehabilitation, 100% of the ones that act with speech therapists and 86.21% of the ones that do not act said that they feel prepared to identify the necessity of this specialty and make the referral, showing a significant association among joint action, identification and referral ($p = 0.0351$). From the ones that act with physiotherapists 97.56% said that they were prepared to identify the necessity of this professional and perform referral, and it was the same percentage to the ones that do not act.



Source – Graph elaborated by the author.

Figure 3. Relative distribution of physiotherapists and speech therapists that act with occupational therapists in public or private institutions

In relation to the answers of the open questions of the questionnaires it was possible to observe that most of the physiotherapists, speech therapists and occupational therapists could characterize the interdisciplinary work, however many times practical situations were quoted where the interdisciplinarity happens instead of being performed a characterization of the same. In the questionnaire answered by physiotherapists and speech therapists, when they were questioned about the characterization of the function of the occupational therapist some recognized that they did not know the work of this professional while others described aspects of the practice of the occupational therapist. In the questionnaire answered by speech therapists and occupational therapists when questioned about the characterization of the function of physiotherapists all the ones that answered could characterize some actions of the function of the physiotherapist, but not all of them described all the possibilities of the profession. In the questionnaire answered by physiotherapists and occupational therapists when questioned about the characterization of the function speech therapist all the ones that answered quoted some areas of the action of this professional; however, it was not approached all the possibilities of action.

The last question, presented in the three questionnaires (questionnaire for physiotherapists, speech therapists and occupational therapists) investigated the professionals about which is the contribution of interdisciplinary work in the area of the Disorders of Human Communication, most of them considered important,

however some did not argued about why this work is relevant.

- Based on the answers, from the content analysis, it was performed the categorization, which will be discussed individually;
- Attributions of the professionals dedicated to rehabilitation;
- Characterization of the interdisciplinary work by the professionals of rehabilitation;
- The importance of the interdisciplinarity in the area of Disorders of Human communication.

DISCUSSION

This study seeks to know how the interdisciplinarity develops in the practice of the professionals of rehabilitation in health and also in the emphasis to the care of the disorders of human communication. It was possible to observe that most of the professionals that participate were women. Nowadays, we have perceived the increasing participation of women in the professions that dedicated to the care in health. There is a process of feminization in the area that shows that women have been dedicating more to the professions that aim at the care than men.

This phenomenon is observed, mainly, in medicine and odontology, because they were professions where there was a masculine prevalence. However, in other professions of the area of health also can be observed a greater number of women, as in Nursery, Physiotherapy, *Speech, Language and Hearing Sciences* and Occupational Therapy^{17,18}.

One aspect that was clear in this study was that both physiotherapists and speech therapists have little contact with occupational therapists in the daily work. Among the ones that answered, 76% of the physiotherapists and 69.8% of the speech therapists said not having contact with occupational therapists in their current work. It was also possible to observe that there are difficulties in the recognition of the attributions of the occupational therapists by the physiotherapists and speech therapists and that the professionals that act with occupational therapists feel themselves more prepared to identify and to make the referral to this professional. Such understanding finds sustenance in the data of this study, in which we can observe that 76.67% of the physiotherapists that act with this professional feel prepared to make the referral and 57.41% of the ones that do not act. Although not all of the physiotherapists recognize when they can make the referral to occupational therapists, it was possible to perceive that the physiotherapists that work with occupational therapists feel themselves more prepared to make referrals to this professional which highlights the importance of this work in team to the recognition of the attributions of the professionals among them.

It is during the academic formation that the knowledge constitutes itself and it is also in this phase that the recognition of other professions in the area of health must be improved to guarantee a better care to the patient and to avoid fragmented actions. The fragmentation makes it difficult or avoids the view of the parts and the whole¹⁹, so, we see the importance of teams constituted by different professionals, in the health area, for that it is possible the recognition and the delimitation of the roles of each one. Thus, from the moment that there is an integration of the actions in health, the resolution of care and the quality of attention will increase, but also it will be possible a recognition of the specific contributions of each area and of its borders with flexibilization of the professional roles^{20,21}.

Emmel and Kato²⁰ point out in their study the lack of knowledge of the attributions of the occupational therapists by the students of medicine, however they highlight that this situation possibly is generalized among others professions of health. Almeida et al.²², Lima and Falcão²³ also highlight the lack of knowledge of other professionals in relation to the attributions of the occupational therapist and highlight that this interferes and limits the possibilities of intervention of the occupational therapist, as well as the operationalization of actions as the creation of bonds with the

community that allow the construction of relations of trust that expand the spaces for action. This happens, probably, by the reduced number of professionals of Occupational Therapy that are graduated per year, when compared with other professions in the area of health²⁰. However, they highlight that it cannot be justified from this situation the lack of knowledge of the attribution of the occupational therapist by the professionals of the health area.

In relation to the interdisciplinary work developed by the speech therapists participants of this study, it was possible to identify that although few ones have contact together with occupational therapists in their work environment, the ones that act together with these professionals feel more prepared to make the referral in relation to the ones that do not have contact with this professional. The same observation is possible to be done in relation to the action with physiotherapists, when we observe that the speech therapists that work with this professional feel more prepared to perform referrals to him. This highlights the importance of the integrated work of professionals that dedicate themselves to rehabilitation in which the exchange of experiences can contribute to a better understanding of the attributions of each professional, optimizing the work and the process of care.

The interdisciplinary project is a way of teaching that allows interconnecting different areas of knowledge, approaching a specific theme and allowing encompassing several experiences to reach goals in common²⁴.

Based on the previous considerations, we perceive that the interdisciplinarity in the area of health allows the professionals involved to “expand and develop their knowledge” which contributes to the improvement of the practice among the teams. From the moment that the professionals are conscious that the health constitutes itself from the joint action of the professionals seeking to achieve a state of non-disease by means of professional interdisciplinarity. When the health is practiced in an interdisciplinary way, benefits are brought to the assisted community, but also to the professionals from the moment that it is perform a sharing of ideas and a communication more effective among different fields and looks that allow an expanded view of the cared reality, besides a process of rehabilitation more satisfactory^{25,26} (p.03).

The interdisciplinarity appears then as an integrated part of a society marked by its complexity where the knowledge only acquires sense when it is seen in its

whole. The knowledge acquires fundamental function inside a society because it is marked by the collectiveness and soon needs the interdisciplinarity to its better comprehension²⁷.

The work guided by the logic of interdisciplinarity, thus, presents the possibility of constructing relational nets among the people, allowing a unified vision and also a change of knowledge. Besides that, allows “a better organization of the service and the adoption of respect, autonomy and relationship between professionals and users, aiming at an integral and resolute approach with different multi-professional interventions” (p.387)²⁸.

The occupational therapists that participate in the research brought a different reality of the physiotherapists and speech therapists. We observed through the answers of the occupational therapists that they have more contact with physiotherapists and speech therapists inside the private institutions. Most of them, both the ones that act and the ones that do not act with physiotherapists and speech therapists said that they feel prepared to perform referrals to these professionals.

It was also possible to identify differences in the interdisciplinary action that happens in public and private institutions. We observe that there are more physiotherapists acting with occupational therapists in public institutions and with speech therapists in private institutions. In relation to the action of the speech therapists we perceive that most of the people that answered who have contact with occupational therapists and with physiotherapists work in public institutions. In relation to the action of the occupational therapists, we observed that the contact with physiotherapists and with speech therapists is more established in private institutions. From this data, we perceive that the juridical character of the institution is not a parameter to refer the occurrence of interdisciplinary practices. These ones happen both in public and private institutions, however not all of them use this approach of work and neither not all the professionals of rehabilitation have the opportunity of working in an interdisciplinary way.

Categorization of the open questions

Attributions of the professionals dedicated to rehabilitation

The little understanding about the work of the occupational therapist can also be perceived in the answers referring to the question ‘What characterizes the function of the occupational therapist?’ answered

by physiotherapists and speech therapists. Some professionals showed difficulties to list and define the attributions of Occupational Therapy, others presented a distorted view of the profession. Nevertheless, most of the physiotherapists and speech therapists demonstrated to comprehend minimally the work of the occupational therapist, normally giving emphasis to some of the possible areas of action. We can cite some answers of the physiotherapists and of the speech therapists in relation to

this questioning that called attention because they are related to previous notes:

“Didactic and delicate work”. (participant A)

“Maintaining the patient occupied”. (participant F)

“Really, I have doubts. I know that they work with the question of AVDs, but this I see that most of the professionals of other areas also do. I know some OTs that know how to show their work with clarity and in a different way. But, most of them, cannot make it clear the function”. (participant H)

The lack of comprehension of the work of the occupational therapist by other professionals is also found in other studies such as the one of Araújo et al.²⁹ who brings that the lack of knowledge of the study object of Occupational Therapy by the team makes it difficult the operationalization of actions in health and the study of Almeida et al.²² who shows that the lack of knowledge of Occupational Therapy as a challenge faced by the professionals of the area during the action.

The difficulty of conceptualizing the work of other professional just appeared before the work of the occupational therapist. In relation to the work of the physiotherapist and of the speech therapist we perceived that other professionals can comprehend the attributions of these ones. We observed, however, that some areas have more evidence inside the professions. As example, we can cite the work oriented to voice, speech, language and swallowing in Speech, Language and Hearing Sciences, the Physical rehabilitation (traumatology and orthopedics) in Physiotherapy. Actions of hearing rehabilitation and habilitation and balance were little cited when the attributions of the speech therapists were questioned and in the case of the physiotherapists few professionals highlighted the action of this professional in areas as respiratory physiotherapy and dermato-functional.

Another important question to be highlighted is the little emphasis in the work of promotion of health and prevention of disease. In most of the questions the professionals highlighted the importance of the professionals that dedicate themselves to rehabilitation just in the phase of recovering and cure, but it was not highlighted the contribution of them in the services of promoting and prevention.

Characterization of interdisciplinary work by the professionals of rehabilitation

This category was listed due to the question of the questionnaire that sought to know the opinion of the professionals about the characterization, in practice, of an interdisciplinary work. From the answers of the physiotherapists, speech therapists and occupational therapists, it was possible to perceive that the professionals of the area are clarified in relation to the conceptualization of interdisciplinarity and its characterization in practice. Some still confuse the interdisciplinary practice with the multi-disciplinary practice and characterize interdisciplinarity only with work performed by several professionals without explaining the way this practice happens.

The professionals highlighted as interdisciplinary practice the sharing of knowledge, actions, conduct and plans when there is a unique objective being one of them the benefit to the patient. It was cited examples of practices considered interdisciplinary by the participants of the study, among them there were the home visits, matricial practice, the shared appointments and inter-appointments. The capacity of recognizing when the actions should be inter-disciplinary is fundamental, because not all the moments the practice will be interdisciplinary, however in some moments there is the necessity of projects that involve the cooperative participation of all the team³⁰. Moreover, when professionals of different formations dispose themselves to transit among different areas of formation there is an articulation among the specific knowledge of one with the others, which allows the sharing of actions and a collaborative practice²¹.

Besides that, other answers brought aspects that compose the interdisciplinary practice as the contribution of different specialties with the treatment of each patient, the changes of information and the relation established among the professionals of different formations. An important question found in the answers was the importance of the respect with the practice of each

professional and with the attributions of each specialty of the team, besides the professional ethics in the interdisciplinary practice.

“Working in interdisciplinary team is to be safe of your work which is your limit in making respecting the colleague, know how to listen, know how to do the exchange, teach how to learn, always having consciousness that the focus will be the patient, thus, we will not have disagreements because of vanity of profession as it often happens in team work”. (participant J)

“In my opinion, the interdisciplinarity occurs from the technical- pedagogical relation that is established among the professionals from several practices that can occur jointly. Nowadays and in my practice the tools used for that the interdisciplinarity can in fact occur is the matricial practice, home visits, shared appointments, among others”. (participant L)

From the answers of the professionals of rehabilitation that participated, it is possible to observe the comprehension of the same about the interdisciplinary practice. Both physiotherapists and speech therapists and occupational therapists showed sensitized and conscious about the importance of interdisciplinarity in health care, highlighting that this practice does not exclude the subjects, but it completes them, proposing “an articulated view of the human being in his natural means, as constructor and transformer of this means”⁴ (p.71).

The importance of interdisciplinarity in the area of Disorders of Human Communication

The human communication is fundamental to the full development of people and for their life in society. When there are disorders in communication they interfere directly in several scopes of people’s life, whether they are physical, sensorial, psychological and social, because the language is fundamental in “perceptual organization, in reception and structure of information, in learning and in social interactions of human being”¹⁴ (p.110).

People that have some disorder in communication need then specialized care, and the speech therapists are the main rehabilitator professionals to provide this care. However, taking into account the necessity of an integral care and that considers the bio-psycho-social aspects in rehabilitation, physiotherapists and

occupational therapists can also contribute in this process. So, the participants of this study were invited to answer the following question: “In your opinion, which contribution of interdisciplinary work in the area of Disorders of Human Communication?”:

“Fundamental inasmuch as many times disorders of communication are associated to other motor, social or psychological disorders”. (participant E)

“For me, the human communication is one of the basic functions of the human being, guarantees the way of relating, communicating. It offers possibilities of independence and autonomy. The contribution of interdisciplinary work guarantees the exploitation of many resources offered, by Speech, Language and Hearing Sciences, Physiotherapy and Occupational Therapy. A team well prepared can work together in a way of contributing with the process of rehabilitation of this individual”. (participant Q)

Based on these answers, it is possible to perceive the comprehension by the part of the professionals of the importance of interdisciplinarity in care in disorders of human communication. We also observe that there is recognition of the benefits of an integrated action that counts with a team with different specialties and that aims at guaranteeing an integral care and with quality. In the same way that interdisciplinarity is fundamental to perform an integrated work and for an expanded view of the individual in several practices of health, in the area of Disorders of Human Communication it also comes to contribute. This happens, because we should count with an interdisciplinary team that focus in the patient and gives attention to his bio-psycho-social and spiritual well-being during the process of rehabilitation, not being restricted only to the aspects that need to be rehabilitated, but also taking into account sociocultural and demographic aspects that can be related to the Disorders of Human Communication^{15,18}.

CONCLUSION

This study sought to identify if the practice of the professionals that dedicate themselves to rehabilitation happens in the scope of interdisciplinary practice of care and also if the professionals that dedicate themselves to rehabilitation know the importance of interdisciplinary practice in care in Disorders of Human Communication.

It was possible to conclude that the professionals that participated recognize the importance of interdisciplinary work in health care; however it is not all of them that can work from the interdisciplinary logic. We see that some institutions do not have teams composed by all the specialties that dedicate themselves to rehabilitation, which makes it difficult to perform an integrated work through these professionals.

Besides that, it was possible to observe in the research that there is a lack of knowledge in relation to the attributions of the occupational therapists. However, it is possible to perceive that when there is joint action of the professionals with the occupational therapist it is easier the understanding of the attributions of this professional which highlights the importance of an interdisciplinary formation.

In relation to the interdisciplinary practice in the area of Disorders of Human Communication it was possible to identify based on the data found in this study that the professionals of Physiotherapy, Speech, Language and Hearing Sciences and Occupational Therapy are clarified in relation to the importance of this practice in the area, aiming at an integral attention in health.

Finally, this study was important because it allowed an identification of the perception of physiotherapists, speech therapists and occupational therapists about the interdisciplinarity in the practice in health and in the area of Disorders of Human Communication.

Thus, we perceive the importance of studies that seek to identify the fragilities of the interdisciplinary practice. Thus, we observe that comprehending the position of the professional in health in his context of work favors the insertion of the interdisciplinary practice, having in mind that from the knowledge of the professional reality it is possible to perform modification both in formation and in practice seeking to improve the development of actions in health that prioritize the principles of SUS and, mainly, of the integrality of care.

REFERENCES

1. Capazzolo AA, Casetto SJ, Imbrizi JM, Henz AO, Kinoshita RT, Queiroz MFF. Narrativas na formação comum de profissionais de saúde. *Trab. Educ. Saúde.* 2014;12(2):443-56.
2. Silva RVGO, Ramos FRS. Integralidade em saúde: revisão de literatura. *Ciênc., Cuid. Saúde.* 2010;9(3):593-601
3. Santos RNLC, Ribeiro KSQS, Anjos UU, Farias DN, Lucena EMF. Integralidade e Interdisciplinaridade

- na Formação de estudantes de Medicina. Rev. bras. educ. méd. 2015;39(3):378-87.
4. Trindade DF. Interdisciplinaridade: um novo olhar sobre as ciências. In: O que é interdisciplinaridade? Ivani Fazenda (org.) – 2ª ed. São Paulo: Cortez, 2013.
 5. Japiassu H. *Interdisciplinaridade e patologia do saber*. Rio de Janeiro: Imago editora LTDA, 1976.
 6. Miranda RG. Da interdisciplinaridade. In: O que é interdisciplinaridade? Ivani Fazenda (org.) – 2ª ed. São Paulo: Cortez, 2013.
 7. Zabala A. Enfoque globalizador e pensamento complexo. Porto Alegre: Artmed, 2002.
 8. Almeida Filho N. Multiculturalismo e inter/transdisciplinaridade na universidade nova. In: Santos DN, Killinger CL Aprender fazendo: a interdisciplinaridade na formação em saúde coletiva. Salvador: EDUFBA, 2011.
 9. Furlan PG, Campos IO, Meneses KVP, Ribeiro HM, Rodrigues LMM. A formação profissional de terapeutas ocupacionais e o curso de graduação da Universidade de Brasília, Faculdade de Ceilândia. Cad. Ter. Ocup. UFSCar. 2014;22(1):109-19.
 10. Gattás MLB. Interdisciplinaridade em cursos de graduação na área de saúde da universidade de Uberaba-Uniube [tese de doutorado]. Ribeirão Preto (SP): Escola de Enfermagem da USP; 2005. Disponível em: < <http://www.teses.usp.br/teses/disponiveis/22/22131/tde-20062005-083314/pt-br.php> > Acessado em 07 de março de 2016 às 10h 35 min.
 11. BRASIL. Ministério da Saúde. Lei nº 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Brasília, 1990. Disponível em < https://www.planalto.gov.br/ccivil_03/leis/l8080.htm > Acessado em 04 de março de 2016 às 16h25min.
 12. BRASIL. Ministério da Saúde. Portaria nº 2.488 de 21 de outubro de 2011. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica, para a Estratégia Saúde da Família (ESF) e o Programa de Agentes Comunitários de Saúde (PACS). 2011. Disponível em <http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt2488_21_10_2011.html> Acessado em 04 de março de 2016 às 16h40min.
 13. Silva LMG, Brasil VV, Guimarães HCQCP, Savonitti BHRA, Silva MJP. Comunicação não-verbal: reflexões acerca da linguagem corporal. Rev. latino-am.enfermagem. 2000;8(4):52-8.
 14. Gatto CI, Tochetto TM. Deficiência Auditiva Infantil: Implicações e Soluções. Rev. CEFAC. 2007;9(1):110-5.
 15. Goulart BNG, Chiari BM. Comunicação Humana e Saúde da Criança – reflexão sobre a promoção da saúde na infância e prevenção de distúrbios fonoaudiológicos. Rev. CEFAC. 2011;14(4):691-6.
 16. Bardin L. Análise de conteúdo. Lisboa: Edições 70 Ltda, 1977.
 17. Matos IB, Toassi RFCT, Oliveira MC. Profissões e Ocupações de saúde e o Processo de Feminização: Tendências e Implicações. Athenea Digital. 2013;13(2):239-44.
 18. Costa SM, Durães SJA, Abreu MHMG. Feminização do curso de odontologia da Universidade Estadual de Montes Claros. Rev. Ciênc. saúde coletiva. 2010;15(1):1865-73.
 19. Roquete FF, Amorim MMA, Barbosa SP, Souza DCM, Carvalho DV. Multidisciplinaridade, Interdisciplinaridade e Transdisciplinaridade: em busca de um diálogo entre saberes no campo da saúde coletiva. Rev. Enferm. Cent.- Oeste Min. 2012;2(2):463-74.
 20. Emmel ML, Kato LG. Conhecimento da Terapia Ocupacional pelo estudante de Medicina. Cad. Ter. Ocup. UFSCar. 2004;12(2):89-100.
 21. Peduzzi M, Normam IJ, Germani ACCG, Silva JAM, Souza GC. Educação interprofissional: formação de profissionais da saúde para o trabalho em equipe com foco nos usuários. Rev. Esc. Enferm. USP. 2013;47(4):977-83.
 22. Almeida MHM, Batista MPP, Lucoves KCRG. Reflexões sobre a formação do terapeuta ocupacional para atuação com pessoas idosas em distintas modalidades de atenção: contribuições de egressos da USP-SP. Rev. Ter. Ocup. Univ. São Paulo. 2010;21(2):130-8.
 23. Lima ACS, Falcão IV. A formação do terapeuta ocupacional e seu papel no Núcleo de Apoio à Saúde da Família – NASF do Recife, PE. Cad. Ter. Ocup. UFSCar. 2014;22(1):3-14.
 24. Pereira SCL, Reis VOM, Lanza CRM, Aleixo IMS, Vasconcelos MMA. Percepção de monitores do PET-Saúde sobre sua formação e trabalho em equipe interdisciplinar. Interface comum. saúde educ. 2015;19(1):869-78.

25. Marques AMFB, Vargas MAO, Schoeller SD, Kinoshita EY, Ramos FR, Trombetta AP. O cuidado à saúde à pessoa com amputação: análise na perspectiva da bioética. *Texto & Contexto Enferm.* 2014;2 (4):898-906.
26. Linhares EHPC, Pereira RA, Cavalcante TL, Sampaio LCL. Importância da Interdisciplinaridade na Formação de Profissionais da Saúde. *Rev. Interfaces: saúde, humanas e tecnologias.* 2014;2(4):1-4.
27. Zanon SRT, Pedrosa AT. Interdisciplinaridade e Educação. *Cad. do CNFL.* 2014;18(7):134-45.
28. Uchôa AC, Vieira RMV, Rocha PM, Rocha NSD, Maroto RM. Trabalho em equipe no contexto da reabilitação infantil. *Physis.* 2012;22(1):385-400.
29. Araújo LS, Oliveira TS, Patrício TAS. Estudo sobre a prática da terapia ocupacional no sistema único de assistência social (SUAS) no município de Belém. *Rev. NUFEN.* São Paulo. 2011;3(2):69-96.
30. Saupe R, Cutolo LRA, Wendhausen ALP, Benito GAV. Competências dos profissionais de saúde para o trabalho interdisciplinar. *Interface comum. saúde educ.* 2005;9(18):521-36.